

STATE OF WASHINGTON RENEWAL REQUEST

DATE OF DATE OCCUPANCY OR REQUEST ACTION NEEDED

OFFICE USE ONLY
SPACE REQUEST NUMBER

PERSON TO CONTACT

AGENCY UNIT TO OCCUPY REQUESTED SPACE

TELEPHONE NO. FAX NO. E-MAIL ADDRESS:

AGENCY ADDRESS/MAILSTOP

REQUESTING AGENCY

I CERTIFY THAT THE REQUESTED SPACE IS NECESSARY AND FUNDS ARE AVAILABLE TO IMPLEMENT THIS REQUEST AND THAT ALL INFORMATION IS ACCURATE.

TYPE NAME TYPE TITLE AUTHORIZED SIGNATURE (requesting agency) AGENCY HEAD OR DESIGNEE

FEATURES DESIRED: (Leased Space Only)

LEASE TERM YEARS, STARTING AND ENDING

OPTION PROVIDING

CANCELLABLE AFTER ON DAYS PRIOR NOTICE

OTHER (Specify)

RENT TO INCLUDE: JANITORIAL SERVICES AND ALL UTILITIES IN STD LEASE FORM EXCEPT

ALL ALTERATIONS AND TENANT IMPROVEMENTS

PARKING SPACES

PRESENT LEASE STATUS OF SUBJECT AGENCY UNIT:

PRESENT LEASE NO. PRESENT RENTAL AMOUNT MONTH SIZE SF

CURRENT LEASED FACILITY ADDRESS: EXPIRATION DATE OF PRESENT LEASE

PRESENT LEASE CANCELLABLE AFTER ON DAYS PRIOR NOTICE

PRESENT LEASE OPTIONS PERMIT EXTENDING TERM TO

ADDING SQ. FT. SPACE AFTER ON DAYS NOTICE

Comments: (attach additional page(s) if required)

• Maintenance and improvements desired:

Additional Requests